

**ANIMAL HEALTH & CARE EMERGENCY SUPPORT FUNCTION**  
**Volunteer**

*All information given is voluntary. If you feel uncomfortable with a question, please do not complete that question. Attach sheet for additional information.*  
*Please type or print legibly.*

Name \_\_\_\_\_ County \_\_\_\_\_  
Last First M

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address (if different from above) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Pager \_\_\_\_\_ Fax \_\_\_\_\_

Home email \_\_\_\_\_ Work email \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**Handling experience:**

	<i>M=much</i>	<i>S=some</i>	<i>L=little</i>	<i>N=none</i>	
___ Dogs	___ Cattle, Dairy	___ Chickens	___ Ratites		Other: describe
___ Cats	___ Cattle, Beef	___ Turkeys	___ Camelids		_____
___ Pet Birds	___ Sheep	___ Ducks/Geese	___ Cervidae		_____
___ Pocket Pets	___ Goats				_____
___ Horses	___ Swine				_____
___ Donkey, Mule					_____

Have you taken any disaster preparedness or emergency management courses? \_\_\_\_\_ If yes, list course(s) and date(s) taken: \_\_\_\_\_

**Rescue/animal care equipment available for use in a disaster** \_\_\_\_\_

**How far from your residence would you be willing to travel?** Within own town/city Within own county  
Within 50 mile radius Anywhere in Indiana Other: \_\_\_\_\_

**Other skills or areas of expertise:**

___ Field Capture	___ Historian	___ Human Medical Degree/Certification:
___ Driver	___ Security	_____
___ Transportation	___ Equipment Maintenance	_____
___ Phone	___ Electrical Repair	___ Other: _____
___ Record Keeping	___ Building & Repair	_____
___ Computer Data Entry	___ Language _____	_____

**Emergency Services recommend for you to keep current with the tetanus vaccination.**

**Volunteer Agreement:**

- During a disaster or emergency I will follow the rules and procedures set forth by the Indiana State Board of Animal Health.
- I will not represent BOAH or the Animal Health & Care Emergency Support Function to the media.
- I will not abuse or neglect any animal under the care of the Animal Health & Care Emergency Support Function during a disaster.
- I will not use or consume alcohol or illegal drugs while serving as a volunteer for the Animal Health & Care Emergency Support Function.
- I will not smoke, unless in a designated area.
- I will not bring or have on my person guns, knives or bow-arrows while serving as a volunteer for the Animal Health & Care Emergency Support Function.

- I will present myself in a professional manner while serving as a volunteer for the Animal Health & Care Emergency Support Function.
- I will not intentionally or recklessly damage or destroy any property or equipment while serving as a volunteer for the Animal Health & Care Emergency Support Function. If damage or destruction is done intentionally, I will repair or replace the object(s) at my own expense.
- I understand that any breach of the above will result in my termination as a volunteer for the Animal Health & Care Emergency Support Function.

*I certify, to the best of my knowledge all statements are correct, complete, and made in good faith.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I agree to allow any of the above information to be stored in the Animal Health & Care Emergency Database, password secure, on the internet.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Indiana State Board of Animal Health; Animal Health & Care Emergency Support Function;  
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